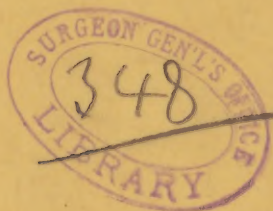


MASON, (G. W.)

Sarcoma of the Spermatic
Cord + + + + +



U.S. 1883 April 16

Testiforme Appendix

Cord with tumor of the

Sarcoma of the Spermatic

Mason & W

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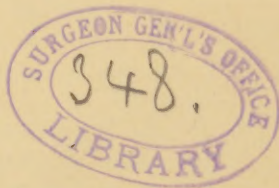
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SARCOMA OF THE SPERMATIC CORD,

WITH

HERNIA OF THE VERMIFORM APPENDIX.

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By GEORGE W. MASON, M.D.,
OF BLOOMINGTON, ILLINOIS.



FROM
THE MEDICAL NEWS,
May 19, 1883.

DORNAN, PRINTER.

SARCOMA OF THE SPERMATIC CORD, WITH HERNIA OF THE VERMI- FORM APPENDIX.

THE following case is reported because of the rarity of hernia of the vermiform appendix, and the still greater rarity of the complication of that condition with a sarcoma arising from the spermatic cord and surrounding the hernia.

P. B., colored ; laborer ; æt. about forty years, and unmarried. Says his health has always been good, except the present trouble. His family history, so far as is known, is good ; there being no evidence of the existence of cancer, tumor, or any hereditary disease in the family.

While in the army he had a direct inguinal hernia, which was reduced, and for which he subsequently wore a truss. At times, since then, he has had a hernial protrusion which he has always reduced himself.

The first symptoms of the present trouble appeared about two years ago, when he felt a soreness in the right groin. Later there occurred an aching pain in the right testicle. He ascribed these symptoms to partial descent of the hernia at times, and to the pressure of a poorly fitting truss of his own

manufacture. In December, 1881, he first observed a tumor growing at the place where the spermatic cord emerges from the inguinal canal at the external abdominal ring. This was hard and at times quite tender.

A short time previous to his coming under my observation, he had consulted several physicians, under the belief that his hernia had "come down" so that he could not reduce it. He said that every means, except the knife, was used to effect its reduction. Forcible taxis was practised several hours, causing him great suffering. All efforts for its reduction proving ineffectual, he received no further attendance for five or six days.

On June 1, 1882, I was called, and found a tumor of considerable size occupying the lower part of the right inguinal region, and extending along the spermatic cord to the testicle. The testicle was movable upon the lower end of the tumor, which was hard, heated, and tense, showing signs of inflammation. There was no impulse communicated to it by coughing, nor any change in its size on muscular exertion or change of position. It could not be forced into the external ring to any perceptible extent. There was no gurgling, tympanitis, or fluctuation. The bowels had not moved for four days, but there was no vomiting. There was anorexia, and the tongue was furred and somewhat dry. The pulse was 100, and the temperature a little above normal.

If the tumor contained intestine, I concluded that a constriction must exist at the neck of the sac.

For diagnosis, I administered a cathartic. The next day the patient was feeling much better; his bowels had been moved freely without any unpleasant symptoms in the tumor or elsewhere. The tumor was a little softer and showed signs of fluctuation. The treatment was an anodyne and flaxseed poultice to the tumor.

June 5.—A free incision was made, from which about four ounces of pus were discharged, leaving a cup-shaped tumor. The treatment was quinine and the tincture of the chloride of iron, with an anodyne when necessary. The poultice was continued. A discharge was kept up for about two weeks, at the end of which time there still remained an indurated tumor the size of a hen's egg. All further treatment failed to reduce it in size. Otherwise, the patient felt quite well. A suitable truss was adjusted in place of the one previously worn.

September 9.—The tumor was hard, firm, and much enlarged; the skin over it was quite tense. The patient was suffering intensely and wanted it "cut out." An opiate and a poultice were prescribed.

17th.—The tumor was very painful. The pulse and temperature were nearly normal. There was no evidence of inflammation. Upon consultation, and at the urgent request of the patient, it was decided that it should be removed at once.

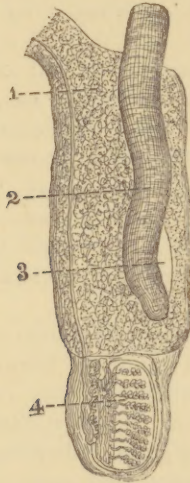
On the same day, assisted by my colleague Dr. Lee Smith, I operated as follows:

The patient being etherized, an incision about three inches in length was made, commencing at

about the point of exit of the spermatic cord from the external abdominal ring, and extending parallel to the cord down to the scrotum. The integument and fascia were carefully dissected from the tumor and testicle. At the hernial ring the convexity of a knuckle of intestine was seen presenting itself. This was readily pushed into the abdominal cavity. A round prolongation of the tumor extended through the hernial ring, which appeared like a pedicle, with some resemblance to intestine. It being firmly adherent to the mass, and there being no return portion to it, it was decided not to be intestine proper, but possibly the vermiform appendix. It was accordingly secured with a carbolized-silk ligature and divided, and the ligated end dropped into the abdominal cavity. A stout ligature was placed around the spermatic vessels and cord, and the growth severed high up, so as to include as much of the diseased structure as possible. A portion of the redundant scrotum was excised.

The tumor, as removed, including the testicle, was four and one-half inches long by one and three-fourths inch thick. It was somewhat kidney-shaped. Along its posterior and external portion extended the spermatic vessels and cord. Anterior to the middle was the vermiform appendix, about four inches of which were removed, and which extended to within an inch of the testicle. A small sac of pus was found anterior to and near the end of the vermiform appendix. Elsewhere it was adherent to the body of the tumor. Numerous bloodvessels existed throughout the growth.

Microscopic examination showed it to be a fibrosarcoma, the outer portions being fibrous. The



1. Body of tumor. 2. Vermiform appendix. 3. Sac containing pus.
4. Testicle.

inner portion of body of the tumor was made up of large spindle and stellate nucleated cells, contained in a homogeneous intercellular substance. Near the fibrous portion, this intercellular substance was in the form of fibrillæ, separating the individual elongated spindle-cells. The accompanying diagram shows the relation of the parts of the tumor.

The edges of the wound were united with carbolyzed-silk sutures and dressed with absorbent cotton, saturated with carbolyzed oil. The patient rallied

without great shock, but considering his squalid abode and unhygienic surroundings, the prognosis was not good. Quinine was given freely, and the bowels were kept constipated for eight days with tincture of opium. At the end of that time they were moved by an enema. At no time after the operation was the pulse above 108, or the temperature above 101°. There was considerable suppuration around the ligature to the cord, which did not separate until the fourteenth day.

October 6.—The patient was walking around the house and yard. Pulse and temperature were normal. The wound was suppurating a little, but nearly healed.

At the present time the patient is free from pain, which was almost constant before the operation. The hernial opening has been completely closed by the cicatrization. There is some induration and enlargement in the groin, indicating that the growth will probably recur at that point. Otherwise he is in good health.



